**SIMILAR TO OTHER ILLNESSES MENTAL ILLNESS CAN AFFECT ANYBODY: A REVIEW OF MENTAL ILLNESS AND IT’S HALLMARK CRITICALLY**

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**Abstract**

Our emotional, psychological, and social well-being are all parts of our mental health. It influences our thoughts, emotions, and behaviours. Additionally, it influences how we respond to stress, interact with others, and make good decisions. Every stage of life—from birth and youth to adulthood and old age—requires attention to mental health. The goal of the current review article is to provide a quick overview of mental diseases, including their general classification, the discipline of epidemiology associated risks, and preventive measures.

Keywords: Mental Illness, Epidemiology, Classification, Treatment.

**Introduction**

Similar to other illnesses Mental Illness can affect anybody. Everyone experiences occasional worry, anxiety, or depression, but only a small percentage of people go on to develop mental illnesses. A mental health disorder known as a mental illness interferes with daily activities, thinking, interpersonal relationships, and day-to-day functioning. Mental illness can cause a wide range of symptoms that might impact mood, thinking, and social interaction. The phrase “Mental Health” was first used in ancient Greece by Plato, who advocated a mentalist concept of mental sickness and defined it as reason supported by temper and triumphing over passion. Many prehistoric societies regarded anomalous behaviour as supernatural and attributed it to bad spirits, demons, gods, or witches who had taken control of the person. The supernatural explanations for mental diseases was rejected by Greek physicians. In the fourth century BC, Hippocrates—the founder of modern medicine—proposed the idea that emotions had a primary base and that variations were caused by changes in bodily fluids referred to as “humours.” According to Hippocrates, the four humours—blood, phlegm, yellow bile, and black bile—are the essential bodily fluids. There was a theory that illness might be detected by an extreme excess or deficit of any of the humours (body fluids) in a person.

The idea that many mental diseases had their roots in detrimental behaviours acquired from living in an undesirable neighbourhood or being reared by negligent parents inspired an American movement for mental hygiene in the early 1900s. The goal of mental hygiene was to assist people thrive to their maximum mental capacity by preventing diseases and sustaining mental health.

The first mental illness that has been directly linked to women was definitely hysteria, which was accurately described in the second millennium BC and was until Freud thought to be a condition that only affected women. In the past 4,000 years, the disorder has been examined from both a scientific and a demonic perspective.

**Classification**

Hippocrates divided mental sickness into four groups: melancholia, epilepsy, mania, and brain fever. Francois Boissier de Sauvages de Lacroix, a French physician, created a system of grouping illnesses in 1763, drawing inspiration from botanical morphology (the the categorization plants). This classification included four kinds of mental illness: a. Hallucinations b. Morositates c.Deliria d. Folies Anomales.

More efforts were made to classify mental illness in the 19th century. Karl Kahlbaum proposed a system that categorised mental diseases by their symptoms and published his classification of Psychiatric Diseases and Mental Disturbances in Germany in 1863. German psychiatrist Emil Kraeplin distinguished between “manic depression” and “dementia praecox” as two types of psychosis. Kraeplin believed that “dementia praecox”, now known as “schizophrenia” was a biological condition brought on by anatomical or toxic processes. In the middle of the 19th century, psychiatrists initially used the term “neurosis” to group symptoms that were believed to have a neurological cause. The term “psychosis” was first used by Karl Friedrich Canstalt to refer to “psychic neurosis.” The Greek words “psyche,” which means the soul, and “osis,” which means abnormal condition, are the source of the word psychosis. Later, the term “neurosis” was replaced by the term “psychosis” to describe mental diseases. Although neurosis and psychosis have separate meanings, some individuals mistakenly use them interchangeably because of their similarities. A group of mental diseases known as neurosis entail persistent distress but exclude delusions and hallucinations. In addition to these names, neurosis is also referred to as neurotic condition or psychoneurosis. It comes in a variety of forms, including hysteria, impulse control disorder, anxiety disorders, etc. Hallucinations, delusions, errors in judgement, and other symptoms of psychosis are considered serious mental illnesses. Delusions and hallucinations are among the major signs of psychosis, which indicate that the affected person is in an imaginative state. Suicidal ideas or committed suicide are more common in those who suffer from psychosis. There are two different types of psychosis: functional psychosis and organic psychosis. Clinical evaluation is thought to reveal no physical brain illness in functional psychosis. Organic psychosis is typified by abnormal brain activity that is brought on by a recognised physical anomaly, most frequently an organic brain disease. Severe depression, schizophrenia, bipolar illness, schizoaffective disorder, postpartum psychosis, etc. are a few examples of psychotic disorders.

Classification in psychiatry has undoubtedly advanced since the first attempts to categorise mental diseases, which may be seen in Ayurveda, Plato’s (4th century BC), and Asclepiases’ (1st century BC) writings. Currently, the ICD and DSM are the two main categories used in psychiatry. The Diagnostic and Statistical Manual of Mental Disorders (DSM), established by the American Psychological Association (APA), was first published in 1952. The Veterans Administration System of psychiatric diagnosis served as the foundation for this diagnostic framework. The most recent edition, the DSM 5, was released in 2013 and is an enormous work that precisely describes more than 300 conditions. The Statistical International Institute Congress in Chicago and Paris in 1893 resulted in the adoption of the first International Classification of Diseases (ICD). The WHO’s International Classification of Diseases (ICD) is the gold standard for the diagnosis, management, investigation, and statistical reporting of health diseases, including mental and behavioural disorders. With the most recent revision, the ICD has undergone its eleventh revision by the WHO.

**Epidemiology of Mental Illness**

The study of the causes (aetiology) of mental problems in society, as well as the conception and prevalence of mental illness, is known as psychiatric epidemiology. Mental health issues are one of the main causes of impairment worldwide, according to the WHO. Mental diseases account for three of the top 10 causes of impairment in people between the ages of 15 and 44, and the remaining factors are frequently linked to psychological issues. In 2019, one in eight people, or 970 million people worldwide, suffered from a mental illness, the most prevalent of which were anxiety and depressive disorders. Anxiety and depression were prevalent in Covid-19 at 43.7% and 37.4%, respectively. 20.78% of adults in 2019–2020 were dealing with a mental illness. According to the World Health Organisation, 56 million Indians might have suffered from anxiety disorders in 2020. In India, one in seven people is thought to be affected by a mental disease, and around 970 million people worldwide battle drug addiction or psychological disorders.

There is no one single factor that causes mental illness; instead, a variety of factors including genes, family history, life experiences, biological factors like chemical imbalances in the brain, traumatic brain injuries, alcohol or drug use, having an extensive physical illness like cancer, and environmental factors like feeling isolated and having few friends can all increase one’s risk for developing mental illness. Numerous environmental exposures that are linked to psychopathology have been found by epidemiological investigations. Gene-environment interactions are possibly the result of the interplay of genetic and environmental variables.

**Treatment.**

Pharmacology and psychotherapy are the two most effective treatments for mental disease. Only psychotherapy may be able to alleviate symptoms in some circumstances, but specialised drugs may be needed depending on the indicators or severity. The best results are typically achieved when combining the two. Psychological treatments (or therapies) assist by providing a chance for individuals to discuss their thoughts and feelings with a professionally trained expert in order to comprehend and manage their symptoms. There are many various types of therapies that are used to address mental health disorders, including Cognitive Behavioural Therapy, Rational Emotive Behaviour Therapy, Exposure Therapy, Interpersonal Therapy, etc.

All pharmaceuticals that can be prescribed to treat various forms of serious mental health conditions are considered to be psychiatric medications. Antidepressants, antipsychotics, lithium, and other mood stabilisers are a few examples of psychiatric medication classes. It is common practise to provide medications and therapy simultaneously.

The use of brain stimulation therapy, often known as electro convulsive therapy (ECT), is another way of treatment for serious mental health issues. Electric currents are sent into the brain during the secure ECT technique. As a result, the brain undergoes modifications that might lessen or even eliminate distressing symptoms. When more conventional forms of therapy have failed, people frequently turn to ECT and other brain stimulation techniques.

Additional treatment options include hospitalisation, assistance groups, voluntary plans, support from peers, and alternative and complementary therapies. It would be absurd, according to studies, to think that mental health professionals should be responsible for mental health prevention and awareness raising. To expand the scope of potential measures and reduce the likelihood of an unsatisfactory long-term outcomes, unified and interdisciplinary services are required.

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